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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE  
 Electroacoustic capsule

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